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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Madagascar

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Madagascar with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $14,344,000 from general resources, subject to the availability of funds, and $12,000,000 in supplementary funds, subject to the availability of specific-purpose contributions for the period 2001 to 2003.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the "Summary of 2000 recommendations for general resources and supplementary funding programmes" (E/ICEF/2000/P/L.27).

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Basic data (1998 unless otherwise stated)

Child population (millions, under 18 years)	7.6
U5MR (per 1,000 live births)	157
IMR (per 1,000 live births)	95
Underweight (% moderate and severe) (1997)	40
Maternal mortality rate (per 100,000 live births) (1990-1997)	490
Literacy (% male/female) (1997)	50/44
Primary school enrolment (% net, male/female) (1997)	67/69
Primary school children reaching grade 5 (%) (1996)	40
Access to safe water (%) (1997)	52
Routine EPI vaccines financed by Government (%) (1997)	10
GNP per capita (US$)	260

One-year olds fully immunized against:

tuberculosis	90 per cent
diphtheria/pertussis/tetanus	72 per cent
measles	74 per cent
poliomyelitis	74 per cent

Pregnant women immunized against tetanus 40 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The updating of the situation analysis in 1999 outlined the status of implementation of the Convention on the Rights of the Child, taking into account the recommendations of the Committee on the Rights of the Child on the first report (1993) and utilizing the second report (1998). The Committee's concerns remain current: the degradation of the socio-economic context; the persistence of disparities and inequalities between provinces, urban and rural areas and rich and poor; low coverage and use of services; the recurrence of natural disasters; the weakness of the institutional, juridical and legal framework for the protection of children, and the persistence of harmful traditional practices. All these constraints affect the welfare of children and women in the first instance.

2. Natural disasters worsen the socio-economic situation: within the space of a month and a half in 2000 two cyclones and a storm struck Madagascar. More than 500,000 people suffered damage from it and there were 291 confirmed deaths. Most sectors were affected. The country's rugged topography made it difficult and costly to bring help to the people affected and that help necessarily required the assistance of the international community.

3. The capacity of government to implement rights is limited by inadequate economic growth, generalized poverty, heavy indebtedness and an inadequate allocation of resources to basic services. Madagascar is in the bottom rank among the countries of the region, with a gross domestic product (GDP) per capita of $270 and a human development indicator of 0.373. About 75 per cent of the population, or 15 million people, live below the poverty

line. Income represents only 8.5 per cent of GDP, whereas debt service amounted to 118.5 per cent of GDP and 25.5 per cent of exports in 1997.

4. The state of implementation of the rights of children to survival and development is reflected in the alarming level of the chief social indicators referred to. The main causes of mortality in hospitals among the under-five population are: diarrhoea (30 per cent), malnutrition (20 per cent), malaria and respiratory infections. More than 40 per cent of Malagasy women suffer from anaemia and 20.6 per cent from energy deficiency. The morbidity is due to acute respiratory infections (29 per cent in children from 6-11 months), diarrhoeatic illnesses (27.1 per cent of children under three), malaria, malnutrition, infectious and parasite diseases and the inadequacy of obstetrical care. The high prevalence of sexually transmitted diseases (STDs) (between 15 and 36 per cent syphilitic seroprevalence among pregnant women and prostitutes) and high risk sexual behaviour favouring the propagation of HIV/AIDS: an exponential increase from 0.06 to 1.62 per cent between 1987 to 1999.

5. One-third of the population does not have access to a health service, and only 38 per cent of those who have access use the services available to them. In 1997 vaccine coverage was 66.3 per cent in the capital, 46.4 per cent in urban areas and 33.5 per cent in rural areas. In 1997 less than 35 per cent of women gave birth in a health institution. More than 23 per cent of the women had had no prenatal care and only 47.3 per cent of births had been assisted by trained staff. The rate of water service is estimated at 52 per cent. The rate of access to sanitary installations is estimated at 25 per cent in rural areas and 62 per cent in urban areas. The country is experiencing a tragic cholera epidemic. The still very high fatality rate (5.7 per cent) shows that control measures remain inadequate.

6. Less than 5 per cent of children between 3 and 5 years receive preschool education. The proportion of unenrolled children (31 per cent) remains high, in spite of an increase in the net rate of school enrolment (from 61 to 68.2 per cent between 1993 and 1997). The repetition rate exceeded 35 per cent in 1997. The low quality of the education/apprenticeship is related to the insufficient number of teachers (teaching staff decreased by 11.5 per cent in 5 years), poor teaching practices and poor knowledge of the language of instruction.

7. According to a study carried out in Antananarivo in 1998, one child out of five is the victim of acts of physical, domestic, psychological or cultural violence, and these acts are committed by the families in 35 per cent of the cases. Nearly one child out of three is forced to work. Sexual exploitation, especially in the tourist towns and in ports, is alarming. The number of street children is estimated at more than 16,000, and 37 per cent of them are said to live permanently in the streets. The Government has only one re-education centre for minors.

PROGRAMME COOPERATION, 1996-2000

8. In relation to the implementation capacities of all of the partners, the coverage goals, including those of water supply and sanitation and education, have not been achieved.

9. The community-managed basic health centre model launched by the programme in 184 centres has led to a significant improvement in the supply of integrated care for 360,000 under-five children and 450,000 women of child-bearing age in five years. The model has increased the use of services from 20 to 40 per cent, immunization coverage from 30 to 82 per cent and prenatal consultations from 25 to 65 per cent. The Ministry has just adopted the system for all of the 2,450 basic health centres. The programme has contributed to the success of the national immunization days against poliomyelitis from 1997 to 1999; no case of polio has been reported in the country since 1998. Cold-chain coverage rose from 54 to 75 per cent between 1996 and 1999. The exclusive nursing rate among children aged 0 to 3 months rose from 48 per cent in 1992 to 61 per cent in 1997. The community-based nutrition programme (CNP) extended to 12 per cent of under-five children; there was a 10 to 15 per cent reduction in malnutrition in the 300 CNP sites. The Government wishes to make the programme nation-wide with the help of other partners: the World Bank, Catholic Relief Services (CRS) and the United States Agency for International Development (USAID). The prevalence of goitre fell from 48 per cent in 1992 to 7 per cent in 1999. The rate of iodized-salt consumption in households was 73 per cent in 1997.

10. The effort to combat HIV/AIDS has been focused on prevention. In the school environment, 97 anti-AIDS clubs have been established and the integration of preventive education into the curriculum is in progress. The high-risk behaviour groups in the "hot" zones of Toamasina, Sainte Marie and Antsiranana have been reached. Advocacy at the highest level has been undertaken by the Office with the President of Parliament and members of Parliament.

11. The programme contracts, based on traditional practices, have involved communities in analysis of the constraints on school enrolment and a search for solutions. The success of this strategy of community mobilization for a partnership with the educational system has been such that the Ministry of Education has integrated it into national policy and into that of the development of private education. French Cooperation and the World Bank have also integrated this strategy into their programmes. The strategy, in synergy with the other actions, has made possible an increase in access of 9 to 30 per cent in the 534 public and private schools affected (about 100,000 pupils).

12. One of the major successes of the programme has been to raise, through advocacy and specific studies, the question of the right of children to be registered and to possess a birth certificate, to the level of a national concern. A total of more than 35,000 supplementary registrations have been filed with the active participation of the communities. In partnership with a dozen national and international non-governmental organizations (NGOs), the programme has facilitated access to basic social services for more than 10,000 children and young people each year.

13. The awareness created with regard to water supply was given specific form with the promulgation of a Water Code in 1999, which was a major step in promoting the development of a water policy. The experience of the "150 wells" project in the south was used by the Government to obtain financing from the World Bank for the provision of safe water in rural areas.

14. Basic community communications networks have been established and their members trained in the techniques of leadership and communication. As part of the strengthening of national capacities, the Interministerial Monitoring and Coordination Committee (IFCC) led and coordinated the situation analysis and monitoring of the programming exercise. The support of UNICEF, USAID, the United Nations Population Fund (UNFPA) and the United Nations Development Fund (UNDP) enabled the National Statistical Institute (INSTAT) to become a credible source with regard to national statistics.

Lessons learned from previous cooperation

15. The programme is developing within a difficult socio-political and economic environment, which makes its implementation complex. Because of the centralization of decision-making and management processes, UNICEF and its development partners are convinced that decentralization, partnership with civil society and community development will be the decisive strategies in ensuring lasting development and the implementation of the new Constitution, which advocates decentralization and provincial autonomy. It will also be necessary for the programme to strengthen its partnership with the municipalities, particularly in urban areas.

16. The promising experiments with community-based projects should be extended to the national level. The main inputs of these experiments are: community mobilization and participatory action; the participation of women and the sharing of roles between men and women; the voluntary activity of community activists and technical staff; a multisectoral approach and the synergy of activities; cost recovery; partnership with NGOs; and adoption by the communities.

17. The programme has taken insufficient account of the economic dimension of family poverty; its impact will be increased in the zones of community action by integrating the question of the income of the poorest populations, particularly women, 22 per cent of whom are heads of households.

18. The cross-sectoral components of the programme (information and communication and monitoring and evaluation) have not been adequately linked to the goals of the sectoral programmes. In the new structure proposed their mandate will include as a major aspect support of the structural programmes.

19. The efforts undertaken to prepare for emergencies, including cyclones, at the community level have made it possible to minimize the human losses. However, recent experiences demonstrate a weakness at the institutional level which makes necessary a strengthening of organizational, coordinating and logistic capacities and of communication at the central and peripheral levels. UNICEF will contribute to this institutional strengthening within the framework of assistance by the United Nations agencies to the Government, and every

component of the programme will have a preparation for emergencies segment. The Office will make every effort to maintain the interest of the new donors who participated during the recent emergencies.

RECOMMENDED PROGRAMME COOPERATION, 2001-2003

Estimated annual expenditure

(Thousands of United States dollars)

General resources	2001	2002	2003	Total
Nutrition	400	400	400	1,200
Health	2,014	1,839	1,871	5,724
Water and sanitation	400	400	400	1,200
Education	800	810	820	2,430
Rights and protection of children	300	310	320	930
Information and communication	170	170	170	510
Monitoring and evaluation	200	350	300	850
Cross-sectoral costs	490	500	510	1,500
Subtotal	4,774	4,779	4,791	14,344
Supplementary funds				
Nutrition	350	350	350	1,050
Health	2,300	2,300	2,300	6,900
Water and sanitation	100	100	100	300
Education	950	950	950	2,850
Rights and protection of children	150	150	150	450
Information and communication	100	100	100	300
Monitoring and evaluation				
Cross-sectoral costs	50	50	50	150
Subtotal	4,000	4,000	4,000	12,000
Total	8,774	8,779	8,791	26,344

Programme preparation process

20. This recommendation for the 2001-2003 period meets the need to harmonize the programme cycles of the United Nations agencies. Some elements of the programme provide continuity with the 1996-2000 programme. The Common Country Assessment (CCA), the United Nations Development Assistance Framework (UNDAF) and the situation analysis have led to the incorporation of new elements in order to prepare the bases for the future cooperation programme.

21. Based on the methodology and conceptual framework of the rights of children, the preparation of the programme, including the situation analysis, involved the usual and future partners in the programme, including those of civil society as well as bilateral and multilateral bodies, the agencies of the United Nations system guided by the Directorate for the Coordination of Social Action (DCIS) and the CISC. The process was facilitated by the workshops for

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reflection and work of the committees, and by the exchanges and sharing of comments by the various partners, including those of the private sector. The general and strategic meeting, in which high officials participated, made it possible to frame the guidelines for the programme.

Goals and objectives of the country programme

22. In support of the Government's efforts to implement the rights of children and women, the country programme will pursue the following goals: the security of life of children and women; integral development and the preparation for adult life of the child; the participation of children and women, and the protection of children, particularly those most vulnerable.

23. Thus, the country programme will seek to contribute to: (a) developing policies and strategies of social protection (water and sanitation, non-formal education, nutrition, reduction of malaria, HIV/AIDS and cholera and progress towards vaccine independence); (b) strengthening capacities for community development and the preparation for and response to emergencies; and (c) improving access to and the quality and use of basic social services.

Links with national and international priorities

24. The country programme, made up of five sectoral programmes and two cross-sectoral support programmes, will contribute to the national objectives established up to 2015. Those objectives take into account the goals laid down in the principal international summits and conferences of recent years, including those relating to social development. Poverty reduction has also been selected by the agencies of the United Nations system as a major strategy of UNDAF. The priority areas and strategies laid down at the World Summit for Children and repeated in the UNICEF medium-term plan, the priority actions for children proposed by UNICEF, the recommendations of the Geneva Committee of Ten, the midterm review and regional priorities have guided the content of the programme.

Programme strategy

25. The programme seeks to improve the bases of community participation in order to carry out a programme of urban and rural community development in 2004-2008. The basic strategies of the programme remain: the delivery of services, the strengthening of national capacities, social mobilization, partnership and advocacy; to these have been added community empowerment and development, preparation for and response to emergencies and the convergence/synergy of programmes in terms of geographic localization and joint planning. The provinces of Fianarantsoa and Tamatave will be the zones of concentration because of the density of community-based activities. Antananarivo and the town of Tamatave will be given priority in urban activities, in partnership with the mayoralties, the European Union, UNDP and French Cooperation. Mobilization of the communities will be carried out by strengthening the capacities of the local NGOs which, because of their proximity, facilitate relationships between the communities, the administrative apparatus and the development partners, and support will be provided for the preparation of analyses in order to develop community action plans. Basing itself on the experience of the NAC's

participatory approaches and the educational programme contracts, the programme will strengthen the organizational capacities of the communities.

26. The promotion of the status of women is one of the cross-sectoral strategic guidelines of the programme. The development of economic and social activities will make it possible to raise their income and increase their participation in economic and social decision-making.

27. In spite of the risk factors associated with STD and HIV/AIDS, the low prevalence of HIV/AIDS in Madagascar offers a unique opportunity to demonstrate the possibility of overcoming its expansion by intensifying advocacy with the authorities of the country, UNDAF and the development partners and by increasing awareness and the social mobilization of young people and high-risk groups.

28. UNICEF will contribute to the strengthening of national capacities and institutional mechanisms by support of the National Aid Council (Conseil national de secours), the body responsible for the preparation of an emergency management policy.

29. Nutrition. Integrating the community component of the "integrated Management of Childhood Illnesses" (IMCI), the NAC strategy will be extended to the national level. This extension will require support in terms of advocacy with the decision-makers and other partners, as well as the development of a national policy for nutrition and food security. In addition to vitamin A and iron supplementation, the programme will contribute to promotion of the production and consumption of local foodstuffs rich in micronutrients by means of the NAC activities and by strengthening the involvement of women's groups. The high rate of salt iodization will be maintained through strengthened monitoring of the production of iodized salt at the national level. The programme will include a component for nutritional rehabilitation in periods of emergency.

30. Health. The health programme will seek to increase immunization coverage and to integrate the new vaccines into the framework of the World Alliance for Vaccines and Immunization (GAVI). It will contribute to the development of the IMCI by strengthening the capacities of health workers and the improvement of community practices and equipment. The programme will ensure the availability of risk-free maternity services in the zones of convergence. Its priorities will be the use of impregnated mosquito nets and the early management of cases of malaria. One of the priorities of the programme will also be the prevention of STDs and HIV/AIDS through advocacy and innovative approaches. In the zones of convergence the physician inspectors will be trained in emergency management. The programme will establish emergency stocks of drugs and minor equipment in advance, in order to ensure first aid.

31. Water and sanitation. The programme will devote increased attention to water and sanitation by expanding beyond latrine construction in the zones of convergence. It will support the promotion of sanitation and hygiene in schools and community projects at the national level. Access to safe water will be improved in the zones of community convergence. Advocacy for the sector at the national level will focus on the legislative and institutional framework and on information, education and communication (IEC) activities. The communities will

be prepared to assume the operation of sources of safe water supply in cases of emergency and cholera.

32. Education. The programme will consolidate the gains of the previous programme with respect to access to schooling and pupil maintenance through the academic achievement programme contracts. Special emphasis will be placed on the development of young children, the retention of girls in school and the training of adolescent mothers. It will launch innovative activities to improve the quality of apprenticeship/training, in both the formal and non-formal areas and, as a demonstration, it will develop a framework promoting the integral development of young children. Schools will be given priority as a framework within which to prepare young people for emergency situations and the prevention of HIV/AIDS.

33. Rights and protection of children. The programme will address the problems of children requiring special protective measures in urban areas. Support for the implementation of social assistance services will be accompanied by the training and development of qualified personnel. These services will also be prepared to provide assistance to populations in emergency situations and those linked to AIDS. Advocacy and awareness-raising among decision-makers, authorities and parents, as well as the strengthening of their capacities to meet their obligations to children, will be the main strategies. The programme will contribute to the development of policy, legislation and the administrative framework for vulnerable children.

34. Information and communication. Support of the other sectors will be strengthened by improved coordination with existing structures, while harmonizing the implementation of communication activities with decentralization. It will provide, inter alia, the informational support and advocacy needed for the programme's major themes: HIV/AIDS, malaria, cholera control and the protection of children. The recent development of private local media will be exploited to reinforce social and community mobilization. This component will contribute to preparing for and responding to emergencies by supporting the establishment of a mechanism for the distribution and sharing of information on emergency management.

35. Cross-sectoral costs cover the salaries and travel costs of support staff for the programme in the areas of supplies, finance, administration and information technology. In addition, part of these funds will be used to cover the costs of the Office.

Monitoring and evaluation

36. The monitoring and evaluation component will have a dual responsibility: to strengthen the capacities of the Office and the partners in this field and to develop a system of community-based monitoring. The monitoring/evaluation and impact analysis of the convergence strategy will be based inter alia on key indicators relating to behaviours, participation, roles and capacity and on the status of policy and legislation on the rights of children and women. Visual and easy-to-use aids to community monitoring will be developed in order to facilitate community analyses on the basis of a participatory approach. Analytic tools adapted to the field involved will serve to manage the division

of roles, responsibilities and decisions in terms of complementarity depending on the field.

Cooperation with the other partners

37. The partnership with the International Labour Office is to be maintained, while those with UNDP, the World Health Organization and the World Food Programme must be strengthened in the areas of concentration. The partnership with the project supported by the World Bank is fundamental in order to extend the NAC project to the national level. A minimum economic response will be addressed to women in the zones of convergence: development of micro-financing with French Cooperation in the disadvantaged urban area of Antananarivo and support of income-generating activities with UNDP and CRS.

Programme management

38. The Ministry of Planning, through the DCIS, and in liaison with the Ministry of Foreign Affairs, will ensure the coordination of country programme implementation. It will enjoy the support of CISC with respect to intersectoral exchanges and of CNS for emergency coordination and management. DCIS/CISC will lead the annual reviews on the basis of the integrated reviews at the regional level. Decentralization will lead to a revision of the methods and levels of planning of the programme, which will further involve the Regional Service for the Economy and Planning (RSEP), and of management, including that of the transfer, use and justification of funds.

TABLE

COUNTRY: MADAGASCAR
PROGRAMME: 2001-2005

SUMMARY OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/					STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2 D1 P5 P4 P3 P2	IP NP GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES										
HEALTH	5.724.000			5.724.000	0 0 0 1 0 0	1 1 1	3	435.674	60.905	496.579
NUTRITION	1.200.000			1.200.000	0 0 0 0 1 0	1 0 1	2	435.674	21.518	457.192
EDUCATION	2.830.000			2.830.000	0 0 0 1 0 0	1 1 0	2	548.032	49.026	597.058
WATER & SANITATION	1.200.000			1.200.000	0 0 0 0 1 0	1 1 0	2	368.483	49.026	417.509
RIGHTS & PROTECTION CHILDREN	930.000			930.000	0 0 0 0 1 0	1 1 1	3	368.483	70.544	439.027
INFORMATION & COMMUNICATION	510.000			510.000	0 0 0 0 0 0	0 1 1	2	0	65.199	65.199
MONITORING & EVALUATION	850.000			850.000	0 0 0 0 0 0	0 1 0	1	0	60.946	60.946
CROSS SECTORAL COSTS	1.500.000			1.500.000	0 0 0 0 1 0	1 1 13	15	368.483	282.770	651.253
TOTAL RR	14.344.000			14.344.000	0 0 0 2 4 0	6 7 17	30	2.524.829	659.934	3.184.763
OTHER RESOURCES										
HEALTH		G	6.900.000	6.900.000	0 0 0 0 0 0	0 1 2	3	0	101.335	101.335
NUTRITION		G	1.050.000	1.050.000	0 0 0 0 1 0	0 1 0	1	0	49.026	49.026
EDUCATION		G	2.850.000	2.850.000	0 0 0 0 0 0	0 0 3	3	0	63.813	63.813
WATER & SANITATION		G	300.000	300.000	0 0 0 0 0 0	0 0 2	2	0	52.784	52.784
RIGHTS & PROTECTION CHILDREN		G	450.000	450.000	0 0 0 0 0 0	0 0 0	0	0	0	0
INFORMATION & COMMUNICATION		G	300.000	300.000	0 0 0 0 0 0	0 0 1	1	0	31.266	31.266
CROSS SECTORAL COSTS		G	150.000	150.000	0 0 0 0 0 0	0 0 1	1	0	16.173	16.173
TOTAL OR		G	12.000.000	12.000.000	0 0 0 0 0 0	0 2 9	11	0	320.397	320.397
TOTAL RR & OR	14.344.000	G	12.000.000	26.344.000	0 0 0 2 4 0	6 9 26	41	2.524.829	980.331	3.505.160
SUPPORT BUDGET			Operating costs 623.900 Staffing		0 0 1 2 2 0	5 2 6	13	2.223.537	269.057	2.492.594
GRAND TOTAL (RR + OR + SB)					0 0 1 4 6 0	11 11 32	54	4.748.366	1.249.388	5.997.754
	Number of posts and staff costs Current programme cycle At the end of proposed programme cycle (indicative only)					11 12 32 11 11 32	55 54	4.748.366	1.249.388	5.997.754

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = non-other resources
IP = International Professional
NP = National Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.